PERSONNEL ACTION NOTICE



Gremlin Industries, Inc.

NEW HIRE CHANGE	TERMINATION		EMPLOYEE NO.:	
EFFECTIVE DATE:			DEPARTMENT NO.:	
				- X
NAME:			SOC. SEC. NO.:	
ADDRESS:				
PHONE:			BIRTH DATE:	
NAME & PHONE OF PERSON TO CALL IN CASE OF EMERGENCY:				
SINGLE MARRIED SEPARATED DIVORCED WIDOWED HEALTH INSURANCE DEPENDENT COVERAGE LIFE INSURANCE				
Employee Status				
FULL TIME PERM.	PT. TIM	E PERM.	TEMPORARY	
EXEMPT NON-EXEMPT				
FROM:		то:	SAME	
PAYRATE\$		PAYRATE\$		
JOB CLASS		JOB CLASS		
DEPT.		DEPT.		
REMARKS:				
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	100/05			
A SEAR TO SERVE				
		100000		To the same
SUPERVISOR'S SIGNATURE:			DATE: 6/24/79	
DEPT. MANAGER'S SIGNATURE:			DATE:	
PERSONNEL SIGNATURE:			DATE:	